

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 58/757

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		①		①		
4		/		/		
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7	/		/			
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9	/		/			
10	/		/			
11		②		②		
12		③		③		
13		④		④		
14		⑤		⑤		
15	/		/			
16		/		/		
17		⑥		⑥		
18		⑦		⑦		
19		⑧		⑧		
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27		⑨		⑨		
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TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						